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|   |                      |                                      |
|---|----------------------|--------------------------------------|
| <b>POWER OF ATTORNEY<br/>and<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b> | Application Number   |                                      |
|   | Filing Date          |                                      |
|   | First Named Inventor | <b>METCALFE</b>                      |
|   | YTS                  | <b>QUANTIFIER CERAMIC ELECTRODES</b> |
|   | Art Unit             |                                      |
|   | Examiner Name        |                                      |
| Attorney Docking Number   |                      |                                      |

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

| Name                   | Registration Number |
|------------------------|---------------------|
| <b>TOM R ROSS</b>      | <b>39510</b>        |
| <b>TOM R. ROSS III</b> | <b>23060</b>        |
|                        |                     |

as my attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

Firm or Individual Name: **TOM R. ROSS**

Address: **PO BOX 2138**

City: **DEL MAR** State: **CA** Zip: **92018**

Country: **USA**

Telephone: **652-755-3122** Fax: **652-755-3122**

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is required. (Form PTO/SB/00)

SIGNATURE of Applicant or Assignee of Record

|           |                         |
|-----------|-------------------------|
| Name      | <b>SARAH MUSTONEN</b>   |
| Signature | <i>Sarah Mustonen</i>   |
| Date      | <b>22.3.2004</b>        |
| Telephone | <b>438 40 76 42 979</b> |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

The collection of information is required by 37 CFR 1.41 and 1.42. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO is process) an application. Confidentiality is provided by 18 U.S.C. 432 and 37 CFR 1.41. This collection is estimated to take 9 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or circumstances for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22315-1480. DO NOT SEND FORM OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Congressional Contact for Patents, P.O. Box 1480, Alexandria, VA 22315-1480.

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|   |                      |                               |
|---|----------------------|-------------------------------|
| <b>POWER OF ATTORNEY<br/>and<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b> | Application Number   |                               |
|   | Filing Date          |                               |
|   | First Named Inventor | METCALFE                      |
|   | Title                | UNDERWATER CERAMIC ELECTRODES |
|   | Art Unit             |                               |
|   | Examiner Name        |                               |
| Attorney Docket Number  |                      |                               |

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

| Name             | Registration Number |
|------------------|---------------------|
| JOHN R. ROSS     | 39,530              |
| JOHN R. ROSS III | 43,060              |
|                  |                     |
|                  |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

The address associated with Customer Number:

OR

|   |              |       |              |     |       |
|---|--------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | JOHN R. ROSS |       |              |     |       |
| Address   |              |       |              |     |       |
| Address   | PO BOX 2138  |       |              |     |       |
| City  | DEL MAR      | State | CA           | Zip | 92014 |
| Country   | USA          |       |              |     |       |
| Telephone   | 858-755-3122 | Fax   | 858-755-3122 |     |       |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                                |           |              |
|-----------|--------------------------------|-----------|--------------|
| Name      | ROBERT B. EGGNER               |           |              |
| Signature | <i>[Handwritten Signature]</i> |           |              |
| Date      | 23 March 04                    | Telephone | 654-695-1160 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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|   | Filing Date            |                               |
|   | First Named Inventor   | METCALFE                      |
|   | Title                  | UNDERWATER CERAMIC ELECTRODES |
|   | Art Unit               |                               |
|   | Examiner Name          |                               |
|   | Attorney Docket Number |                               |

I hereby appoint:

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OR

Practitioner(s) named below:

| Name             | Registration Number |
|------------------|---------------------|
| JOHN R. ROSS     | 30,530              |
| JOHN R. ROSS III | 43,060              |
|                  |                     |
|                  |                     |

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OR

The address associated with Customer Number:

OR

|                         |              |       |              |     |       |
|-------------------------|--------------|-------|--------------|-----|-------|
| Firm or Individual Name | JOHN R. ROSS |       |              |     |       |
| Address                 |              |       |              |     |       |
| Address                 | PO BOX 2138  |       |              |     |       |
| City                    | DEC MAR      | State | CA           | Zip | 92014 |
| Country                 | USA          |       |              |     |       |
| Telephone               | 858-755-3122 | Fax   | 858-755-3122 |     |       |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|           |                 |           |              |
|-----------|-----------------|-----------|--------------|
| Name      | ARTHUR METCALFE |           |              |
| Signature | Arthur Metcalfe |           |              |
| Date      | March 24th 2004 | Telephone | 858-673-4535 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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|   |   |    |  |
|---|---|----|--|
| <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b> | <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing | OR | <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) |
|   | Attorney/Agent Number   |    |  |
|   | First Named Inventor  |    | METCALFE<br>COMPLETELY KNOWN   |
|   | Application Number  |    |  |
|   | Filing Date   |    |  |
|   | Art Unit  |    |  |
| Examiner Name   |   |    |  |

I hereby declare that each inventor's residence, mailing address, and citizenship are as stated below next to their names.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**UNDERWATER CERAMIC ELECTRODES**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically related to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 368(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Duplicated Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|---------------------------|--------------------------|
|                                     |         |                                  |                          | Yes                       | No                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/025 attached hereto.

(Page 1 of 3)

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PTO/SB/02A (03-05)

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Under the Patent Act of 1952, no person can receive a patent on an invention unless it contains a valid oath or declaration.

|                    |   |
|--------------------|---|
| <b>DECLARATION</b> | <b>ADDITIONAL INVENTOR(S)</b><br>Supplemental Sheet |
|--------------------|---|

|   |       |   |             |
|---|-------|---|-------------|
| Name of Additional Joint Inventor, if any:    |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))        |       | Family Name or Surname  |             |
| SARARE  |       | MUSTONEN  |             |
| Inventor's Signature<br><i>Johan Mustonen</i> |       | Date<br>22.3.2004   |             |
| Residence: City                               | State | Country   | Citizenship |
| UUSIKYLÄ                                      |       | FINLAND   | FINLAND     |
| Mailing Address                               |       |   |             |
| OSMONIE 7                                     |       |   |             |
| Mailing Address                               |       |   |             |
| OSMONIE 7                                     |       |   |             |
| City  | State | Zip   | Country     |
| 16100 UUSIKYLÄ                                |       |   | FINLAND     |
| Name of Additional Joint Inventor, if any:    |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))        |       | Family Name or Surname  |             |
|   |       |   |             |
| Inventor's Signature                          |       | Date  |             |
|   |       |   |             |
| Residence: City                               | State | Country   | Citizenship |
|   |       |   |             |
| Mailing Address                               |       |   |             |
|   |       |   |             |
| Mailing Address                               |       |   |             |
|   |       |   |             |
| City  | State | Zip   | Country     |
|   |       |   |             |
| Name of Additional Joint Inventor, if any:    |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |             |
| Given Name (first and middle (if any))        |       | Family Name or Surname  |             |
|   |       |   |             |
| Inventor's Signature                          |       | Date  |             |
|   |       |   |             |
| Residence: City                               | State | Country   | Citizenship |
|   |       |   |             |
| Mailing Address                               |       |   |             |
|   |       |   |             |
| Mailing Address                               |       |   |             |
|   |       |   |             |
| City  | State | Zip   | Country     |
|   |       |   |             |

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